

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis

Registration District No.....
 Primary Registration District No. 1003
 (No. 3875 Connecticut)

File No. 3193
 Registered No. 113
 St. Ward)

2. FULL NAME Frederick W. Plumer

(a) Residence, No. 3875 Connecticut St., 16 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Plumer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4th. 1853

7. AGE YEARS 83 MONTHS 2 DAYS 28 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (10 yrs.)
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 16

FATHER 13. NAME Heinrich Plumer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT Julia Plumer
 (ADDRESS) 3875 Connecticut St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Jan. 4th. 1937

19. UNDERTAKER Wacker-Heldlerle
 (ADDRESS) 2331 S. Broadway

20. FULL NAME J. P. Bredeck 1937
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1st. 1937

22. I HEREBY CERTIFY, That I attended deceased from November 2, 1926, to January 1, 1937
 I last saw him alive on Jan. 1, 1937. Death is said to have occurred on the date stated above, at 9:20 A. The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Chronic Coronary Arteriosclerosis
Atherosclerosis
 Date of onset

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify..... (Signed) J. H. Guss M. D.
 (Address) 508 N. Grand St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100

100

100

100

100

100

100

100

100

100

100

100

100